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Bib Data Sheet

CONFIRMATION NO. 6765

|   |   |                               |   |   |                                 |
|---|---|-------------------------------|---|---|---------------------------------|
| <b>SERIAL NUMBER</b><br>09/874,022  | <b>FILING DATE</b><br>06/05/2001<br><b>RULE</b>   | <b>CLASS</b><br>709           | <b>GROUP ART UNIT</b><br>2151   | <b>ATTORNEY DOCKET NO.</b><br>0112463-003 |                                 |
| <b>APPLICANTS</b><br>Ada Mae Edecker, Earlville, IL;<br>Anatoly P. Syomik, Kiev, UKRAINE;<br>Alex Siyanko, Kiev, UKRAINE;   |   |                               |   |   |                                 |
| <b>** CONTINUING DATA *****</b> AUB   |   |                               |   |   |                                 |
| <b>** FOREIGN APPLICATIONS *****</b> AUB  |   |                               |   |   |                                 |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b><br><b>** 08/31/2001</b>  |   |                               |   |   |                                 |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged <i>And Boyd</i> AUB<br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>IL | <b>SHEETS DRAWING</b><br>21   | <b>TOTAL CLAIMS</b><br>61                 | <b>INDEPENDENT CLAIMS</b><br>15 |
| <b>ADDRESS</b><br>Bell, Boyd & Lloyd LLC<br>P.O. Box 1135<br>Chicago, IL 60690-1135   |   |                               |   |   |                                 |
| <b>TITLE</b><br>Networked computer system for communicating and operating in a virtual reality environment  |   |                               |   |   |                                 |
| <b>FILING FEE RECEIVED</b><br>1269  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                                 |